

COMPLAINT FOR VISITATION INSTRUCTIONS FOR COMPLETING DOM REL 5

If there is no court order giving you visitation, you may: (1) obtain the services of an attorney to handle your case; or (2) file the case yourself by using the DOM REL forms. **Use this form only if there is no order giving you visitation and you are only seeking visitation. If there is an existing order, you should use DOM REL 7.**

There are 7 steps you must follow in order to proceed with the case yourself:

> STEP 1 — Completion of Form DOM REL 5.

Follow these instructions carefully.

Fill in both your name, as Plaintiff, and the other party's name, as Defendant. Then, fill in the **current** addresses and telephone numbers for both. If you do not have an address for the other side and have done everything you can to find the address, call the Legal Forms Helpline (1-800-818-9888) to see if resources are available in your county to help you. **Do not** fill in where it says "Case No."

Line 1: After printing your name in the space provided, circle if you are the mother or father of the child(ren) or fill in your relationship to the child(ren). List the child(ren)'s full name(s) and date(s) of birth.

Line 2: Fill in the full address where the child(ren) is(are) living now. Fill in the name of the person the child(ren) is(are) currently living with and what that person's relationship is to the child(ren).

Line 3: List all other cases that have involved the child(ren).

Line 4: List any cases about the custody or visitation of the child(ren) in which you were involved in some way, as a party, a witness or some other capacity.

Line 5: List the names and addresses of anyone you know of, not listed as plaintiff or defendant in this case, who either has the child(ren) in their care, or believes they may have a right to custody of or visitation with the child(ren).

Line 6: Explain fully why you believe the child(ren) should be allowed to visit with you.

FOR THESE REASONS: Explain how often, on what holidays, and where you want to be allowed to see the child(ren).

The court will not necessarily give you what you asked for.

Complete the affirmation at the bottom of page 2, then date and sign the form.

> STEP 2 — Filing Fee.

Payment of a filing fee is generally required. See *General Instructions*.

> STEP 3 — Filing Your Forms.

Take the completed documents to the Clerk of the Court. Make sure to get the case number.

> STEP 4 — Service.

You will need to have the other party properly served with a copy of all the papers you are filing **AND** with a Writ of Summons which is provided by the Civil Clerk of this Court. See *General Instructions*.

> STEP 5 — Request for Order of Default.

If a defendant is served:

The defendant should answer within:

in Maryland	30 days after service
in another state	60 days after service
in another country	90 days after service

If a defendant does not file an answer by the required time, file a Request for Order of Default (DOM REL 54).

> STEP 6 — Request for Hearing or Proceeding.

The Complaint for Visitation alone will not get you into court. You **MUST** File a Request for Hearing or Proceeding, DOM REL 59, so that a court date will be set. See *General Instructions*.

> STEP 7 — Hearing.

See page 5 of *General Instructions - What Happens in Court?*

Circuit Court for _____

City or County _____

CIVIL-DOMESTIC CASE INFORMATION REPORT

Directions:

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111. A copy must be included for each defendant to be served.

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.

FORM FILED BY: ☐ PLAINTIFF ☐ DEFENDANT CASE NUMBER: _____ (Clerk to insert)

CASE NAME: _____ v _____
Plaintiff Defendant

PARTY'S NAME: _____ PHONE: () _____ (Daytime phone)

ADDRESS: _____

PARTY'S ATTORNEY'S NAME: _____ PHONE: () _____

ATTORNEY'S ADDRESS: _____

☐ I am not represented by an attorney

RELATED CASE PENDING? ☐ Yes ☐ No If yes, Court and Case #(s), if known: _____

Special Requirements? ☐ Interpreter/communication impairment Which language _____
(Attach Form 1-332 if Accommodation or Interpreter Needed) Which dialect _____

☐ ADA accommodation: _____

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

- A. Mediation ☐ Yes ☐ No C. Settlement Conference ☐ Yes ☐ No
B. Arbitration ☐ Yes ☐ No D. Neutral Evaluation ☐ Yes ☐ No

IS THIS CASE CONTESTED? ☐ Yes ☐ No If yes, which issues appear to be contested?

- ☐ Ground for divorce
☐ Child Custody ☐ Visitation
☐ Child Support
☐ Alimony ☐ Permanent ☐ Rehabilitative
☐ Use and possession of family home and property
☐ Marital property issues involving:
☐ Valuation of business ☐ Pensions ☐ Bank accounts/IRA's ☐ Real Property
☐ Other: _____
☐ Paternity
☐ Adoption/termination of parental rights
☐ Other: _____

Request is made for: ☐ Initial order ☐ Modification ☐ Contempt ☐ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) _____ ☐ Mediation by a Court-sponsored settlement program
☐ Initial conference with the Court ☐ Other: _____

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator ☐ Appointment of counsel to represent child (not just to waive psychiatric privilege)
☐ Evaluation by mental health professional ☐ A conference with the Court
☐ Other Evaluation _____

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☐ No

CASE NAME: _____ V _____ CASE NUMBER: _____
Plaintiff Defendant (Click to insert)

TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days

TIME ESTIMATE FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days

Signature of Counsel/Party

Date

Print Name

Street Address

City/State/ZIP

Circuit Court for _____ **Case No.** _____
City or County

Name VS. _____
Name

Street Address Apt. # _____
Street Address Apt. #

City State Zip Code Area Code Telephone _____
City State Zip Code Area Code Telephone

Plaintiff

Defendant

COMPLAINT FOR VISITATION
(DOM REL 5)

I, _____, representing myself, state that:
Your name

1. I am the ☐ mother ☐ father or _____
(Check one) Relationship (for example, aunt, grandfather, guardian, etc.)
of the following minor child(ren):

_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth
_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth
_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth

2. The child(ren) live(s) at _____
Address
with _____
Name and Relationship to child(ren)

3. I know of the following cases concerning the child(ren) (such as domestic violence (protective order), paternity, divorce of the child(ren)'s parents, custody, visitation, termination of parental rights, adoption or other cases):

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Results or Status (if you know)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach the most recent court order for the above-referenced court cases.

4. I have been a party, witness, or otherwise involved in the following cases about custody or visitation of the child(ren):

<u>State</u>	<u>Court</u>	<u>Case No.</u>	<u>Date of Child Custody Determination</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach the most recent court order for the above-referenced court cases.

5. I know of the following people, not parties to this case, who have physical custody of, or claim rights of legal custody or physical custody of, or visitation with the child(ren):

Name

Current Address

Name

Current Address

Name

Current Address

6. It is in the best interests of the child(ren) to be in my custody because: _____

FOR THESE REASONS, I request the court grant me reasonable visitation as follows: _____

_____ and any other appropriate relief.

I, _____
Your Name
solemnly affirm under the penalties of perjury, that the contents of this document are true to the best of my knowledge, information and belief.

Date

Signature